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## APPLICANTS

Kevin James Curie, Appleton, WI;

Randolph Lee Davidson, Menasha, WI;  
Sahin Emre, Appleton, WI;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/539,529 03/30/2000 ABN \*  
which is a CIP of 09/293,401 04/16/1999 PAT 6,677,013  
which claims benefit of 60/082,118 04/17/1998

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/01/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

Matthew E. Leno  
McDermott, Will & Emery  
227 West Monroe Street  
Chicago, IL  
60606-5096

## TITLE

Transparent multilayer polypropylene container with barrier protection

FILING FEE  RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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